Aging Research in the Arab Region
Data Sources: Challenges and Opportunities

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22 Arab countries (LAS)
What is the AUB Neighborhood Initiative?

Beirut-Lebanon

American University of Beirut
250,000 m² (61 acres)
Faculty of Health Sciences
Outline

• Ageing in the Arab Region: Indicators and challenges
• Data sources on Ageing in the Arab region
• Center for Studies on Ageing (CSA): mandate and strategic tools
• Data collection efforts: how does production of knowledge impact policy and programs
• Data sources: challenges and opportunities
Ageing in the Arab Region: Indicators
Figure 1: Population pyramids of Arab countries 1980-2050

Source: Calculated from World Population Prospects, 2012 Revision.
## Demographic achievements in the Arab world

<table>
<thead>
<tr>
<th></th>
<th>1980</th>
<th>2010</th>
<th>2030</th>
<th>2050</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total fertility rate</strong></td>
<td>6.3</td>
<td>3.2</td>
<td>2.5</td>
<td>2.1</td>
</tr>
<tr>
<td><strong>Crude mortality rate per 1000</strong></td>
<td>10.1</td>
<td>5.7</td>
<td>5.9</td>
<td>7.6</td>
</tr>
<tr>
<td><strong>Life expectancy at birth</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>60.0</td>
<td>70.0</td>
<td>73.3</td>
<td>75.9</td>
</tr>
<tr>
<td><strong>Percentage older than 65</strong></td>
<td>3.5</td>
<td>4.1</td>
<td>6.4</td>
<td>11.7</td>
</tr>
<tr>
<td><strong>Older population 65+ (millions)</strong></td>
<td>5.8</td>
<td>10.4</td>
<td>21.3</td>
<td>-</td>
</tr>
</tbody>
</table>

*Source: Sibai AM, Rizk A (2015). Aging in the Arab Countries: For UN-ESCWA*
Percentage of Population 65+, 2005

13 out of the 22 Arab states have reached a life expectancy at birth higher than 70 years (Alwan et al., 2012)

**Percentage of Population 65+, 2005-2050**

Demographic indicators: Critique and Challenges

- Scarcity of population-based national data, and hence, ‘incorrect’ extrapolation of evidence from one setting to another (e.g. Lebanon the most recent census dates back to 1932, Somalia 1975, Iraq to 1987).
- High proportions of expatriates in OGC countries
- Return migration of older retired workers to their original (mother) country
- Consequences of the recent socio-political crisis on the region

⇒ Validity of data implications on future of projections
Data sources on Ageing in the Arab region
Data sources, tools and output on Ageing in the Arab region

• **Routine sources of data collection**: National reports (by the Government or by independent scholars)

• **Surveys and studies**: small scale surveys in selected populations to include papers, theses, reports using classical methods of data collection; using methods derived from demography. Compared to health research, this is still very nascent

• **Research on Research**: scoping (online) review of ageing research (1994-2013)
Critique of sources of national Data/studies

**National reports:**

- Produced mainly by governmental agencies
- Conducted mainly by the concerned Ministry or National commissions on ageing

**Specialized surveys:** Few countries have conducted nationally representative surveys (PAPFAM-studies in Algeria, Lebanon, Palestine, SHARE in Saudi Arabia)

**Critique:**

- Data sharing
- Scarcity of data on health
Agent for change and exchange
Welcome to the Center for Studies on Aging (CSA) website.

Recognizing that demographic aging offers not only immense challenges but also unique opportunities, the CSA promotes the integration and active participation of older people in society by creating a platform for research, policy formulation and training on aging in Lebanon and the region.

Abla Mehio Sibai

News

8/7/2014 International training program on social gerontology
The International Institute on Ageing and the United Nations Population Fund (UNFPA) have announced the International Training Programme on Social Gerontology course, due to be hosted from 16th to 27th of February, 2015, in Malta. The closing date for applications is 3 February, 2015. More details can be found here.

6/17/2014 CSA to participate in UNHCR annual consultation on social inclusion
UNHCR is organizing its annual consultations with NGOs in Geneva from 17 to 19 June, 2014. More than 240 national and international NGOs will be represented by over 460 participants. The theme of the consultations this year is "Women’s Leadership & Pa... more

Latest Publications

From Crisis to Opportunity and Back: Geriatric Training in Lebanon

Prevalence of malnutrition and correlates in Lebanese older adults

AMEL study: Poor nutrition among Lebanese elderly
Boulos, C., Salameh, P., Barberger-Gateau, P. (2013) Factors associated with poor nutritional status among community dwelling Lebanese elderly subjects living in rural areas: resul... more
The Center for Studies on Aging

Founded in 2008 and led by a group of professionals committed to the promotion of **evidence-based policy and practice** in support of the older population in Lebanon and the Arab world. Its motto is **TRIPP**

**Founding members**

Researchers and academicians, geriatricians, representatives from governmental and non-governmental institutions, service providers and social workers.

**Supporters**

HAI, WHO, UNFPA

**Networks**

Became an affiliate of HAI in 2014

Established the Public Health in the Arab World – **Arab Aging Network** (PHAW-AAN) in March, 2014 which so far has 167 subscribers
Aim and strategic tools

Aim

The aim of the CSA is to create a hub for research, education, policy formulation, advocacy and training on aging in Lebanon and the region.

The main pillars of the Centre’s strategic tools are:

1. Research, database, networks, and conferences
   Objective: To raise awareness/advocacy of aging issues

2. Human resource development
   Objective: To promote good practice in the care of older people through training and capacity building

3. Optimizing opportunities in development plans and policies
   Objective: To promote active participation and mainstreaming of older people issues across all sectors
Data collection efforts and production of knowledge by the CSA

Policy Briefs


UN agencies driven assignments/projects

• Studies on seniors in emergencies, Country Profile in 2011 (English and Arabic), region-wide mapping of aging policies, programs and legislations for the MIPAA and ICPD reviews in 2012-2013

Data Repositories

• Two online data repositories that include all papers on aging in Lebanon and the Arab world
Published Articles

2015


2014

Older adults in Research, Policies and Programs in the Arab region

Questions

• What is the landscape of aging research in the Arab world (1994-2013): quantity, quality, methods of study, themes, and co-authorship profile, and map them against demographic, economic and development indicators

• Where are older persons in aging policies and programs in the Arab region?

• How do Knowledge Creation, Knowledge Translation and Institutional Arrangements interact to inform policies and programs?
Older adults in Research, Policies and Programs in the Arab region

- **Methods**

- ✓ Full spectrum of academic publications included: Peer and non-peer reviewed original research studies, reviews, editorials, opinion pieces, commentaries and abstracts

- ✓ **FROM** 6 Data sources: Web of Science, Ovid MEDLINE, SCOPUS, JSTOR and IMEMR and AL Ma3refah

- ✓ No language restrictions were specified
Aging research by time

- Increased seven-fold across the two decades
- Average yearly Impact Factors presented little fluctuation ranging from 1.3 to 1.9
- Close to one third of the publications are produced by 5% of the total research institutions, the most prolific of which are in Egypt and Lebanon
• Research production was not influenced by population aging indicators
• Although government investment in R&D has a noticeable effect on total publication rates, this is not mirrored in aging research output, possibly reflecting lack of interest of public funding in aging research
Most of the studies conducted are disease-centered, descriptive in nature, relying mostly on cross-sectional study designs.

Only a handful of studies examine ‘seniors in emergencies’ and research productivity is particularly weak in the area of policy and health systems research.
Enabling Knowledge Translation (KT)
9 Items

Knowledge Creation (KC)
9 Items

Institutional Arrangements (IA)
6 Items

Social Policies and Programs (SP)
20 Items

Health Policies and Programs (HP)
14 Items

Mapping of policies and programs 2012

Regional Mapping Survey conducted by the CSA in partnership with UNFPA and ESCWA in 16 Arab respondents
Establishing institutional arrangements on aging in Arab countries has been emphasized by UN agencies (1999) which has influenced the creation of the three main pillars of public arrangements:

- Specialized departments,
- National Committees, and
- National plans of action.
Constructs

Health policies were more abundant than social policies

A strong presence of public administration on aging in Arab countries as indicated by the high median score of the institutional arrangements
Institutional arrangements is the most robust construct for the promotion of social and health policies and programs, net the effects of KC and KT.

KT is the least developed, reflecting a deficiency in the availability of data repositories, the production of policy briefs, and communication between policymakers and researchers.
These findings

• Underscore the strong role of public administration and argues for the significance of working on Public Administration to encourage Knowledge-to-Action

• Knowledge Translation needs to be reinforced in Arab countries to promote evidence-based policymaking and policy-driven research
Data sources: challenges and opportunities

Challenges

✓ **Funding** for ageing research is deficient. ‘low’ priority for ageing research in national funding agencies in the Arab region

✓ **Data sharing** culture is missing

✓ **Research Centers** are a few and limited to universities

✓ Scarcity of data on **health**

✓ **Context of wars and emergencies**

✓ **Surveys are limited**
  
  • Low response rate
  
  • Information bias
Suffering from at least one chronic condition

<table>
<thead>
<tr>
<th>Country</th>
<th>%</th>
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<tbody>
<tr>
<td>Lebanon</td>
<td>63.8</td>
</tr>
<tr>
<td>Algeria</td>
<td>55.2</td>
</tr>
<tr>
<td>Libya</td>
<td>55.1</td>
</tr>
<tr>
<td>Tunisia</td>
<td>54.1</td>
</tr>
<tr>
<td>Morocco</td>
<td>45.8</td>
</tr>
<tr>
<td>Syria</td>
<td>43.2</td>
</tr>
<tr>
<td>Yemen</td>
<td>40.0</td>
</tr>
<tr>
<td>Palestine</td>
<td>33.3</td>
</tr>
<tr>
<td>Djibouti</td>
<td>13.1</td>
</tr>
</tbody>
</table>

PAPFAM 2004-2008
Data sources: challenges and opportunities

Opportunities

• **Social Media** - Tweets, press releases
  
  non-traditional data sources should augment traditional data sources and can fill some of the gaps in reporting

• **Non traditional tools** - Telephone interviews and web-based (e-census already applied in Kuwait 2011)

• **Make use of existing/routine sources of data**
  
  medical records, registries, and death certificates

• **Pooling of data** (successful examples, the BOD study, other collaborative networks)
A consideration of how it predicts and prevents diabetes complications and sequelae. When HbA1c is used, FPG should ideally also be measured in a sub-sample of participants to provide information about how the two tests relate.

Contributors
GD and ME designed the study and oversaw research. Members of the County and Regional Data Group collected and reanalyzed data, and checked pooled data for accuracy of information about their study and other studies in their country. Members of the Pooled Analysis and Writing Group collated data, checked all data sources in consultation with the County and Regional Data Group, analysed pooled data, and prepared results. GD and ME wrote the first draft of the report with input from other members of Pooled Analysis and Writing Group. Members of County and Regional Data Group commented on draft report.

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Effects of diabetes definition on global surveillance of diabetes prevalence and diagnosis: a pooled analysis of 96 population-based studies with 331 288 participants

NCD Risk Factor Collaboration (NCD-RisC)*

Summary

Background Diabetes has been defined on the basis of different biomarkers, including fasting plasma glucose (FPG), 2-h plasma glucose in an oral glucose tolerance test (2hOGTT), and HbA₁c. We assessed the effect of different diagnostic definitions on both the population prevalence of diabetes and the classification of previously undiagnosed individuals as having diabetes versus not having diabetes in a pooled analysis of data from population-based health examination surveys in different regions.

Methods We used data from 96 population-based health examination surveys that had measured at least two of the biomarkers used for defining diabetes. Diabetes was defined using HbA₁c (HbA₁c ≥6.5% or history of diabetes diagnosis or using insulin or oral hypoglycaemic drugs) compared with either FPG only or FPG-or-2hOGTT definitions (FPG ≥7.0 mmol/L or 2hOGTT ≥11.1 mmol/L or history of diabetes or using insulin or oral hypoglycaemic drugs). We calculated diabetes prevalence, taking into account complex survey design and survey sample weights. We compared the prevalences of diabetes using different definitions graphically and by regression analyses. We calculated sensitivity and specificity of diabetes diagnosis based on HbA₁c compared with diagnosis based on glucose among previously undiagnosed individuals (ie, excluding those with history of diabetes or using...
THANK YOU
http://www.gallup.com/services/170945/world-poll.aspx